

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 118160-00301		
Application Number	09/445,289	Filed May 11, 2000		
For BACTERIAL PHEROMONES AND USES THEREFOR				
Art Unit	1645	Examiner S. J. Devi		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$150	Small Entity Fee \$75	\$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee \$560	Small Entity Fee \$280	\$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee \$1270	Small Entity Fee \$635	\$ 635.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee \$1980	Small Entity Fee \$990	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee \$2690	Small Entity Fee \$1345	\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-4876</u> .				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee or record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>56,266</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>_____</u>				
<u>/MLZ</u> Signature		July 2, 2012 Date		
Maria Laccotripe Zacharakis, Ph.D. Typed or printed name		(617) 449-6512 Telephone Number		
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.</small>				
<input type="checkbox"/> Total of <u>1</u> forms are submitted.				

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with 37 CFR § 1.6(a)(4).

Dated: July 2, 2012

Electronic Signature for Maria Laccotripe Zacharakis, Ph.D. /MLZ/